



APPLICATION TO OPERATE
RESIDENTIAL, DAY, RESPITE OR CAMP FACILITY

Date of Application: _____

Reason for Application:

☐ Initial Licensing of a New Facility

☐ Renewal

Note: An application for renewal must be submitted each year for day programs and any facility housing children 21 years or younger.

☐ Termination/Closure

Reason for termination/closure: _____

☐ Change

☐ in location

☐ in facility type

☐ in number of people served

1. Facility Information (Name): _____

Street Address: _____

City: _____

County: _____

Zip: _____

Telephone Number (include area code): _____

Type of Facility:

☒ SLP-I

☐ SLP-II

☐ CTH-I

☐ CTH-II

☐ AAC

☐ ASW

☐ WAC

☐ Respite

☐ Camp

☒ Child Development Center

☐ Unclassified Program

Capacity (Number of): Children: _____
(under age 21)

Adult(s): _____

2. Changed Information (Updated): _____

Street Address: _____

City: _____

County: _____

Zip: _____

Telephone Number (include area code): _____

Type of Facility:

☒ SLP-I

☐ SLP-II

☐ CTH-I

☐ CTH-II

☐ AAC

☐ ASW

☐ WAC

☐ Respite

☐ Camp

☒ Child Development Center

☐ Unclassified Program

Capacity (Number of): Children: _____
(under age 21)

Adult(s): _____

3. For CTH I or Respite locations: Please Identify all household members (including child(ren) 21 years or younger):

Full Name	Age	Relationship to Caregiver
-----------	-----	---------------------------

_____	_____	_____
Add/Delete/Same		

_____	_____	_____
Add/Delete/Same		

_____	_____	_____
Add/Delete/Same		

_____	_____	_____
Add/Delete/Same		

4. List all licenses and/or certificates maintained by the facility:

Type of license and/or certificate	By Whom
------------------------------------	---------

_____	_____
_____	_____

5. Provider Agency having jurisdiction over the facility:

Name: _____

Street Address: _____

City: _____

County: _____

Zip Code: _____

Telephone Number: _____

When requesting a new license, please submit Electrical, HVAC and State Fire Marshal Inspection reports. If a consumer is under 21 years of age and moving into a CTH I or CTH II, also submit DHEC Sanitation Inspection. Send to Central Office Attn: Quality Management/Licensing. Documents should be submitted as a single packet.

Statements contained in this application are correct. I understand the facility must be in compliance with all applicable Federal, State, and local laws and regulations, and all applicable DDSN contracts, policies, procedures, and standards, and that noncompliance with these terms may results in enforcement actions as identified in DDSN Directive 104-01-DD and/or DDSN/Provider Contract.

Signature/Head of the Provider Agency

Title

Notary Public

County, South Carolina

My Commission Expires: _____